

**CMFT-1 County Motor Fuel Tax Return**

Rev 02 Form 024

E S ____/____/____

NS DP CA RC

Do not write above this line.

Account ID: _____ This form is for: _____
Reporting Period (month day year - month day year)

Owner's name: _____

Business name: _____

Mailing address: _____
_____**Step 1: Figure your taxable gallons****1** Total gallons sold - Write the number of gallons of motor fuel you sold at retail within DuPage, Kane, or McHenry County. (Report only retail sales on this line.) **1** _____**2** Deductible gallons**a** Write the number of gallons of motor fuel you sold to organizations that are exempt from paying County Motor Fuel Tax. **2a** _____**b** Other deductible gallons allowed by law (Description _____) Number of gallons **2b** _____**3** Total deductible gallons (Add Line 2a and Line 2b.) **3** _____**4** Taxable gallons (Subtract Line 3 from Line 1.) **4** _____

Round to the nearest dollar. ↴

Step 2: Figure your net tax and discount**5** Tax due (Multiply Line 4 by 4 cents (\$.04).) **5** \$ _____**6** If you filed and paid by the due date, multiply Line 5 by 1.75% (.0175). **6** \$ _____**7** Net CMFT due (Subtract Line 6 from Line 5.) **7** \$ _____**8** Excess CMFT collected **8** \$ _____**9** Total tax due (Add Line 7 and Line 8.) **9** \$ _____**Step 3: Figure your payment due****10** Credit amount **10** \$ _____**11** Payment due (Subtract Line 10 from Line 9.) **11** \$ _____

Make your check payable to "Illinois Department of Revenue".

Step 4: Sign below

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Taxpayer's signature _____ Phone _____ Date _____

Preparer's signature _____ Phone _____ Date _____

Mail your completed return and payment to:

County Motor Fuel Tax, Illinois Department of Revenue, PO Box 19034, Springfield, IL 62794-9034

This form is authorized by the County Motor Fuel Tax Law. Disclosure of this information is REQUIRED. Failure to provide it could result in penalty. This form has been approved by the Forms Management Center. IL-492-2249

